



**BUSINESS CERTIFICATE**  
**WORKSHEET**



Please complete all of the following information and bring to the Inspectional Services Department for approval.

**Inspectional Services Department**  
**Town Hall - 298 Central Street - Lower level**  
**Saugus, MA 01906**

Upon approval, return form to the Town Clerk's Office, **along with your fee of \$35.00**. Checks made payable to the **Town of Saugus**. In conformity with the provisions of *MGL Chapter 110 s. 5*, as amended, the undersigned hereby declares that a business under the following name is being recorded at:

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **E-MAIL ADDRESS:** \_\_\_\_\_

**Filed by the following named person(s):**

NAME:	RESIDENTIAL ADDRESS:
_____	_____
TELEPHONE:	E-MAIL ADDRESS:
_____	_____

NAME:	RESIDENTIAL ADDRESS:
_____	_____
TELEPHONE:	E-MAIL ADDRESS:
_____	_____

Prior to opening a business, you are responsible for making sure you are in compliance with all permit and licensing requirements by the Town of Saugus Building, Health and Zoning Departments as may be required for the legal operation of the business at the above stated location.

**NOTICE:** A Business Certificate is **NOT** a license or a permit to do business. Please see the Zoning Officer for approval.

I acknowledge that I have read and understand this notice.

Signature(s): \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

**THIS BUSINESS CERTIFICATE SHALL BE:** **ISSUED** **DENIED**

**COMMENTS:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **ZONING OFFICER SIGNATURE:** \_\_\_\_\_